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23410 7590 07/09/2007

Vista IP Law Group LLP
 2040 MAIN STREET, 9TH FLOOR
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Jocelyn L. Lee	(Depositor's name)
<i>JL Lee</i>	(Signature)
10/6/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/783,679 02/20/2004

Michael P. Wallace

03-0573 US01

6996

TITLE OF INVENTION: METHOD OF STIMULATING/SENSING BRAIN WITH COMBINATION OF INTRAVASCULARLY AND NON-VASCULARLY DELIVERED LEADS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,600 1440	\$300	\$0	\$1,900 1740	10/09/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOLMES, REX R	3762	607-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

1. Vista IP Law Group LLP

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

2. _____

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 BOSTON SCIENTIFIC
 SCIMED, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
 Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Michael J. Bolan*
 Typed or printed name Michael J. Bolan

Date 10/6/07

Registration No. 42,339

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